## THE CITY OF NEW YORK COMMUTER BENEFITS PROGRAM PARK-N-RIDE PLANS

Submit completed form to your college Transit Benefit Coordinator

## IMPORTANT INFORMATION FOR EMPLOYEE

- > To enroll in the Edenred Commuter Benefits Park-N-Ride Plan, you must be jointly enrolled in one of the following Edenred Commuter Benefits Plans: Commuter Card Plan or Transit Pass Plan.
- > Only parking expenses at or near a public transportation stop or station that you use to commute to work are eligible under this plan. With the Park-N-Ride Plan, you pay an administrative fee of \$2.05 per month through payroll deductions.

➤ In this plan, you fund yo	our Edenred parking account v site. Edenred offers three park	vith your pre-tax i	and post-tax payro	ll deductions. You selec Card • Direct Pay • Cash I	t your Park-N-Ride pay Reimbursement	/ment
Three business days aft	ter you enroll in the Park-N-Ric	de Plan, go to ww	w.commuterbenefi	itsnyc.com or call Edenr		at
, , ,	FICATION (Please soles		parking payment o	option.		
TRANSIT PLAN IDENTIFICATION (Please select ONE)						
COMMUTER CARD – UNRESTRICTED			TRANSIT PASS			
EMPLOYEE ACTION						
NEW CHANGE PERSONAL INFO (Change Mailing Address, Email, or Phone) CHANGE DEDU					LLATION ate Payroll	
		Month)	Deduction from Pay)	Deduction)		
	ATION (Please fill out A	LL fields com	pletely. Please	e print.)		
Employee Reference Note: (Located on your pay sta						
First Name	N	l.l. L	ast Name			
Mailing Address						
Email Phone						
PARK-N-RIDE DEDUCT	TION AUTHORIZATION					
Please enter the total amount you want deducted from your pay each month. Monthly Deduction Amount: \$						
SUSPEND PARK-N-RID						
Submit at least 2 weeks before you want to suspend your payroll deduction. Remember, administrative fee deductions will continue when applicable. Please note this will only suspend or resume your payroll deduction. To also suspend your Park-N-Ride payment options you must do so directly with Edenred at www.commuterbenefitsnyc.com or (833) 584-8109.						
	MONTH DAY	YEAR	7	ſ	MONTH DAY	YEAR
PAY DATE TO SUSPEND	DEDUCTION/	<u>//</u>	PAY DATE	TO RESUME DEDUCTION	//	
EMPLOYEE CERTIFICATION						
I hereby authorize the City University of New York to deposit my payroll deduction as indicated above into my Edenred Commuter Benefits Parking Account.						
I understand that I may only enroll in the Park-N-Ride plan if I am also enrolled in a Transit plan.						
I understand that according to the Internal Revenue Code, I may use Parking Account funds only for the following parking: (1) on or near my employer's business premises; (2) on or near my assigned work location; (3) at a location from which I commute to work (such as a carpool or shuttle pickup, or a mass transit facility). I may not use Parking Account funds for parking at or near my residence.						
I understand that according to the Internal Revenue Code, the average monthly amount of my parking deductions should not exceed my average monthly cost of the parking described above. If my average monthly cost of this parking should change, I will change my deduction plan or deduction amount to accommodate my new						
circumstance. Furthermore, I am not entitled to any reimbursement of pre-tax transportation fringe deductions. Upon termination of my employment (voluntary or otherwise), I will be able to use any funds remaining in my Parking Account for 90 days from the effective date of termination. ANY PRE-TAX FUNDS STILL IN MY PARKING ACCOUNT AFTER 90 DAYS WILL BE FORFEITED.						
I understand that to cover the administrative costs of the Commuter Benefits Program, the City will deduct \$2.05 from my post-tax pay in each month that my account is funded with payroll deductions or debited for purchases and/or charges. I also understand that this administrative charge is non-reversible and non-refundable.						
I grant authorization for the City l for uses exclusively related to the enrollment or cancel my participations.	University of New York to provide e administration of the Commuter ation in the Program.	my enrollment info Benefits Program.	ormation, including m This authorization w	ny mailing address, phone rill remain in effect until I ch	number, and e-mail addr nange my Commuter Ber	ess to Edenred nefits Program
I understand that my Parking Acc Parking order processing and ba 1-833-584-8109.	count balance and information wi llance information is accessible o	ll be maintained by nline at www.comn	Edenred Benefits, LI nuterbenefitsnyc.com	LC. Parking orders must be n or by calling Edenred Cus	stomer Service toll free a	t
Employee Signature DATE DATE						
AGENCY PAYROLL SECTION						
Payroll # Personal information updated in NYCAPS and PI (check all that apply): MONTH DAY YEAR						
	Mailing Address	Email	Phone	ENTRY DATE		
I certify that the above data was entered in NYCAPS via PI:	Prepared By (Please Print)		Signature		Date	